

I would firstly and most importantly like to thank FPSA for their financial support throughout years two and three of my Masters-Degree, without which I may not have been able to continue my studies and my placement at Nottinghamshire Healthcare CAMHS self-harm team. I will continue to show my gratitude through the use of my extended skill set when working with young people. I found the process of applying for funding straight forward, the money granted (a percentage of tuition fee,) was swiftly sent enabling ease of payment when dealing with the complexities of University fees. I would highly recommend applying for funding from FPSA if appropriate.

Dance Movement Psychotherapy (DMP) is one of the arts therapies as is art, music, and drama. They all include some focus on non-verbal and creative processes explored within the therapeutic relationship, movement symbolises the imagination; the young person can interpret for themselves what the significance of the movement may be. The American Dance Therapy Association has defined it as 'the therapeutic use of movement as a process which furthers the physical and psychic integration of the individual' (Bernstein 1979:3). At its most simple, DMP is the use of creative movement and dance in the therapeutic relationship (Payne 1992 cited in Jones 2005). It can be particularly useful for young people as they are able to explore their inner world within a safe environment and thoughts and feelings that might be difficult to verbalise become visible through movement. In acknowledging and supporting the movements of the young person the therapist encourages development of new movement patterns and emotional changes.

### **Course structure and content**

The course included exploring the work of the pioneers of DMP, its history and journey towards its use today. Biology, psychopathology, developmental psychology and research methods were all taught as part of the tool kit a qualified DMP may draw upon. Exploring and developing our understanding of the complexities of embodiment, not only in terms of the gendered and sexual body but particularly in a call for the inclusion of biological explanations and neurological data in understanding being 'in our' body (Allegranti 2011). It drew further into systemic concepts I had previously explored during The Introduction to Systemic Therapy course at Birmingham which I attended for one year in preparation for this course, themes such as social GRRACCEESS (Burnham 2010) were explored together with the continuum of voiced and unvoiced, seen and unseen. There were weekly placements and supervision throughout, to cement learning, one day in year one (where I attended a school for young people with severe learning disabilities) and two days in year two (one day split between CAMHS self-harm team and CAMHS in-patient ward and one day with young people, 18-24 with severe eating disorders). I also underwent two years of weekly personal therapy which is an essential part of the learning journey.

### **How I found the course**

It provided a space for me to appreciate and value my current knowledge and work experience whilst nurturing me to grow, to think, to question, to explore and play, adding texture to my existing skill set. I learnt to own value my subjectivity and be attentive to my own experience.

### **How I can use the training within my role**

I now have increased in-depth knowledge and level of skill generally, especially the ability to move from movement to speech and vice versa. Within CAMHS I worked 1:1 with young people who self-

harm or were struggling with traits associated with ADHD. I led taster group sessions for young people who self-harm, relating to mindfulness, to encourage continuity across disciplines and compliment the work of other HCP. I led Insight sessions for staff. I ran a weekly group on the CAMHS ward, with themes of exploration of self and acceptance, whilst providing a safe space to explore feelings, creativity and play using movement. In family sessions with young people with a diagnosis of Anorexia Nervosa I worked with parents to demonstrate the experience of the young person and enable greater understanding of subjective experience. Through training I have learnt to integrate the whole person, it is necessary to acknowledge that person is part of a family system embedded within a community. As part of the reflecting team during systemic family sessions I was able to utilise new skills to explore tension, sculpting, unspoken experiences within the family dynamics leading to greater enlightenment and appreciation of one another. I intend to continue to use DMP in this way upon completion of the course; the service manager is supportive of this.

### **Benefits of attending**

- Development of knowledge and skills.
- Enhanced my agency professionally and personally.
- Learning the value of being present in the here and now, being seen and seeing people.
- Thoroughly Inspiring and encouraging.
- My dissertation explored the experience of the therapist relating to their body image when working with people with eating disorders. It enhanced my understanding of the process and body counter-transference. In my research I concluded that the DMP's and I were all affected by body counter-transference (Allegranti 2011) during and immediately post sessions, DMP's were able to use relational experience as knowledge. Both DMP's and I were able to return to our current relationship with our body image outside of therapy work.
- In qualifying I will be able to facilitate a way of working that is not currently available within Nottingham Healthcare Trust.

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